

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)								SERIAL NO. 09/15 183	FILING DATE	
								APPLICANT(S)		
CLAIMS										
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT					
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1		1				51			
2		1		1			52			
3		2		1			53			
4	1		1				54			
5		1		1			55			
6		2		1			56			
7		1					57			
8		1					58			
9		0		1			59			
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46							96			
47							97			
48							98			
49							99			
50							100			
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T TAL DEP.							TOTAL DEP.			
T TAL CLAIMS							TOTAL CLAIMS			